# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)				PAGE 1 OF 8 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)							
Workers' Voice				FEC IDENTIFICATION NUMBER ▼			
				C C00484287			
Check if 24-hour report X 48-hour report	heck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee	D. I''. I.A. '	- ·	Date	of Public Distribution/Dissemination			
United Steelworkers of America		n Funa 		09 18 2014			
Mailing Address Political Action Fund Voluntary	y Ac		Amou	ınt			
5 Gateway Center							
City	State	Zip Code		29.45			
Pittsburgh	PA	15222		saction ID : D539620 of Disbursement or Obligation			
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		09 18 2014			
Name of Federal Candidate		Support	Office Sough	nt: House District: 00			
TERRI LYNN LAND		X Oppose	Presid	MI			
Calendar Year-To-Date Per Election for Office Sought		10077.94	Disbursemer				
			C	Other (specify) -			
Full Name of Payee United Steelworkers of America P	olitical Action F	und		of Public Distribution/Dissemination  M			
Mailing Address Political Action Fund Volunt	arv Ac			10 2014			
5 Gateway Center			Amou	unt			
City	State	Zip Code	$-\Gamma$	445.00			
Pittsburgh	PA	15222		action ID : D539623 of Disbursement or Obligation			
Purpose of Expenditure InKind Staff		Category/ Type 001		09 18 2014			
Name of Federal Candidate		Support	Office Sough	nt: House District:			
Gary Peters		Oppose	Presid	lent X Senate State: MI			
Calendar Year-To-Date		14065.24	Disbursemer 2014	nt For: Primary X General			
Per Election for Office Sought		14003.24		Other (specify)			
(a) SUBTOTAL of Itemized Independent Expen	ditures			474.45			
(b) SUBTOTAL of Unitemized Independent Exp	penditures						
				45 45			
(c) TOTAL Independent Expenditures			•	7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	9 09	20 / 2014			
Signature							

Schedule E)	<u> </u>	OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		NTIFICATION NUMBER ▼
Workers' Voice		00484287
		70404201
Check if 24-hour report X 48-hour report New report	Amends report filed on	D = D / Y = Y = Y
Full Name of Payee United Steelworkers of America Political Action Fu	und  Date of Public D	Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac		10 2014
5 Gateway Center	Amount	
City State Zip	Code	194.42
Pittsburgh PA 152		: D539630 ement or Obligation
Purpose of Expenditure Inkind Staff Travel  Ca	tegory/ Type 002 09 09	18 / 2014
Name of Federal Candidate	Support Office Sought:	House District:
Gary Peters	Oppose President X	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2014 Other (speci	Primary ☐ General
Full Name of Payee AFL-CIO	M = M /	Distribution/Dissemination
Mailing Address 815 - 16th Street, NW	Amount	18 2014
City State Zip	Code	9.84
Washington DC 200		D539677 ement or Obligation
Purpose of Expenditure Walk Packets  Ca	tegory/ Type 004 09 09	18 / 2014
Name of Federal Candidate	Support Office Sought:	House District:00
TERRI LYNN LAND	X Oppose President X	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditures		204.26
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.	·	
Ms. Elizabeth H Shuler [Electronically	Filed] Date 09 20	2014
Signature		

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		0
Check if 24-hour report X 48-hour report New report	ort Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
		09 18 2014
Mailing Address 815 - 16th Street, NW		Amount
City State 2	Zip Code	23.26
Washington DC	20006	Transaction ID : D539679 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	09 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office	e Sought: House District:
Gary Peters	Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought	14065.24 Disbu 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination
		09 / 18 / 2014
Mailing Address 555 New Jersey Ave. N.W.		Amount
City State	Zip Code	61.65
Washington DC	20001	Transaction ID : D539689 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 18 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
TERRI LYNN LAND	X Oppose	President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	10077.94 Disbu	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	84.91
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	cally Filed] Date 0	09
Signature		

Schedule E)	II EXPEND	TONES		PAGE 4 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
AFT Solidarity 527			09	18 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code		91.75
Washington	DC	20001	Transaction Date of Disbu	
Purpose of Expenditure InKind Staff		Category/ Type 001	09 09	18 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Gary Peters		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	14065.24	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee		. ,	Date of Publi	ic Distribution/Dissemination
UFCW Int'l Union Working Families A	dvocacy Pro	pject	09	18 / 2014
Mailing Address 1775 K Street, NW			Amount	
City	State	Zip Code		142.42
Washington	DC	20006-1598	Transaction II  Date of Disb	D: D539702 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	10077.94	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>)</b>	234.17
(b) SUBTOTAL of Unitemized Independent Expendi	itures		·	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	09 / D D	/ Y Y Y Y Y Y 2014
Signature			20	2317

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New	report Amends report f	filed on M M / D D / Y Y Y Y Y
Full Name of Payee UFCW Int'l Union Working Families Advoca	cy Project	Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  10 18 2014
Mailing Address 1775 K Street, NW		Amount
City State	Zip Code	174.36
Washington DC	20006-1598	Transaction ID : D539703 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 18 2014
Name of Federal Candidate	X Support O	office Sought: House District:
Gary Peters	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		on the dispersion of the disp
Full Name of Payee Michigan State AFL-CIO General Fund		Date of Public Distribution/Dissemination
Mailing Address 419 Washington Square S #200		09 18 2014
419 Washington Square, S. #200		Amount
City State	Zip Code	30.23
Lansing MI	48933	Transaction ID : D539711  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 18 / Y Y Y Y Y
Name of Federal Candidate	X Support C	Office Sought: House District:
Gary Peters	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
(a) SURTOTAL of Itamized Independent Expanditures		
(a) SUBTOTAL of Itemized Independent Expenditures		204.59
(b) SUBTOTAL of Unitemized Independent Expenditures	)	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditu- with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.	•	
Ms. Elizabeth H Shuler [Elec	tronically Filed] Date	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sch	edule E)			PAGE 6 OF 8 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Wc	orkers' Voice			C C00484287
Chec	k if 24-hour report X 48-hour report New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Te	Full Name of Payee		Doto a	of Public Distribution/Dissemination
Ľ	Michigan State AFL-CIO General Fund		M	09 18 2014
N	Mailing Address 419 Washington Square, S. #200		Amour	nt
C	City State	Zip Code	$-\Gamma$	30.23
	Lansing MI	48933		action ID : D539714  of Disbursement or Obligation
_	Purpose of Expenditure InKind Staff	Category/ Type 001		09 18 / 2014
١	Name of Federal Candidate	Support	Office Sought	t: House District: 00
Ŀ	TERRI LYNN LAND	X Oppose	Preside	ent Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	10077.94	Disbursement 2014 Ot	t For: Primary X General
	Full Name of Payee		Date of	of Public Distribution/Dissemination
	Retail, Wholesale and Department Store Union			09 18 2014
N	Mailing Address 30 E29th St.		Amou	
	Dit. Ctata	7in Codo		64.22
	City State New York NY	Zip Code 10016		64.32  ction ID : D539717  of Disbursement or Obligation
_	Purpose of Expenditure InKind Staff	Category/ Type 001	М	09 18 2014
1	Name of Federal Candidate	X Support	Office Sough	t: House District:
Ľ	Gary Peters	Oppose	Preside	ent State: MI
	Calendar Year-To-Date Per Election for Office Sought	14065.24	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
10	CURTOTAL of Itamized Indones dank Funcialities			2455
(a	) SUBTOTAL of Itemized Independent Expenditures		<b>• •</b> •	94.55
(b	) SUBTOTAL of Unitemized Independent Expenditures		•	
(c	) TOTAL Independent Expenditures		•	7
wit	nder penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorized urty committee) any political party committee or its agent.			
	Ms. Elizabeth H Shuler [Electron	nically Filed] Date	9 09	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EXI EIID			PAGE 7 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee AFSCME for Michigan				of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW				09 / 18 / 2014
			Amou	nt
City Washington	State DC	Zip Code 20036		455.84 action ID : D539725
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		of Disbursement or Obligation
Name of Federal Candidate		Support	Office Sough	nt: House District:
Gary Peters		Oppose	Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, ,	14065.24	Disbursemen 2014 O	other (specify) ▶
Full Name of Payee AFSCME for Michigan  Mailing Address 1625 L Street, NW				of Public Distribution/Dissemination  10
City	State	Zip Code	— r	117.10
Washington	DC	20036		action ID : D539726 of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		09 / 18 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
TERRI LYNN LAND		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	10077.94	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	3			572.94
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			· [	7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	9 09	20 / 2014
Signature				

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	o. moei enden	I EXI EIID				PAGE 8 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Fu	II)				FEC ID	DENTIFICATION NUMBER ▼
Workers' Voice						C00484287
Check if 24-hour report	X 48-hour report	New repo	ort Amend	ls report file	ed on/	
Full Name of Payee AFSCME for Michi	igan				M = M	C Distribution/Dissemination
Mailing Address 1625 L Str	reet, NW				Amount	18 2014
City		State	Zip Code			345.61
Washington		DC	20036		Transaction I	
Purpose of Expenditure Inkind Staff Travel			Category/ Type	002	M 09	18 / 2014
Name of Federal Candidate	<del></del>		Supp	oort Offi	ice Sought:	House District: 00
TERRI LYNN LAND			Х Орро			Senate State: MI
Calendar Year-To-Date Per Election for Office		, , ,	10077.94	Dis 201	bursement For:  4 Other (sp	Primary
Full Name of Payee AFSCME for Michig  Mailing Address 1625 L 3	gan Street, NW				Date of Public M 09 Amount	c Distribution/Dissemination
City		State	Zip Code			117.10
Washington		DC	20036		Transaction II Date of Disbu	
Purpose of Expenditure InKind Staff			Category/ Type	001	09	18 2014
Name of Federal Candidate	Э		X Supp	port Off	ice Sought:	House District:
Gary Peters			Орро		President	Senate State: MI
Calendar Year-To-Date Per Election for Office		7 7	14065.24	Dis 20°	sbursement For: 14 Other (sp	Primary
(a) SUBTOTAL of Itemized	Independent Expenditure	)S		·····		462.71
(b) SUBTOTAL of Unitemize	ed Independent Expenditi	ures		·····	1 1 7	
(c) TOTAL Independent Exp	penditures			······	7	2332.58
Under penalty of perjury I c with, or at the request or su party committee) any politica	ggestion of, any candidate	te or authorized				
Ms. Elizabeth H	Shuler	[Electron	ically Filed]	Date	09 / 20	/ Y Y Y Y Y Y 2014
Signature						-